

**PUSHING
THE
LIMITS**



Sacred Heart of Mary
Middle School P.U.S.H.
2009-2010 Registration

Middle School Youth Group meets Thursday nights from 7:00 – 8:15 pm.

NAME (first & last) _____

Youth Cell # _____

Grade _____ **School** _____

Extracurriculars _____

Parent's Names _____

Phone # _____

Parent email _____

Is your family registered at Sacred Heart of Mary Yes

No

IF NO: **Address** _____

City _____

Zip _____

Emergency Contact (other than parent) _____

Relationship to youth _____

Phone # _____